

Further evidence of the efficacy of co-trimoxazole in granuloma venereum*

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SUMMARY One hundred and sixteen patients with granuloma venereum were treated with co-trimoxazole two tablets twice daily. All the patients responded; most of them required treatment for 10-15 days. Only two patients had recurrences, which were probably due to reinfections. No side effects of the drug occurred. Co-trimoxazole is considered to be the treatment of choice for granuloma venereum because of its high efficacy, few side effects, easy administration, and absence of any risk of masking concomitant syphilis.

Introduction

The efficacy of co-trimoxazole in the treatment of granuloma venereum was studied in 10 cases by Garg *et al.*¹ In the present paper the results of treatment of a further 116 patients are presented.

Patients and methods

One hundred and sixteen patients (84 male and 32 female) attending the Department of Dermatology and Sexually Transmitted Diseases, Jipmer Hospital, Pondicherry, between February 1978 and August 1979, were diagnosed as having granuloma venereum by the demonstration of Donovan bodies and included in the study.

The duration of the disease was less than 30 days in 37 patients, between 31 days and one year in 71, and more than a year in eight.

TREATMENT

All the patients were given two tablets of co-trimoxazole twice daily by mouth (each tablet containing trimethoprim 80 mg and sulphamethoxazole 400 mg). Lesions were noted and smears for Donovan bodies repeated on the third, fifth, and seventh days of treatment. Patients were observed for any side effects.

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FOLLOW-UP

When the lesions were healed the patients were discharged and asked to come back for examination once a month. Patients who did not reattend were recalled by post at least twice.

Results

Donovan bodies disappeared from tissue smears after treatment for five days and the lesions healed after treatment for 7-22 days in all cases. The mean duration of treatment required was about 12.5 days; 16 patients required treatment for 7-9 days, 92 for 10-15 days, and eight for more than 15 days.

One patient developed jaundice after 11 days' treatment. Liver function tests showed total serum bilirubin 3.2 mg/100 ml (54.7 μ mol/l), direct serum bilirubin 2.2 mg/100 ml (37.6 μ mol/l), SGOT 68 units, SGPT 78 units, and serum alkaline phosphatase 22 units. Co-trimoxazole was stopped and the patient recovered from his hepatitis; the genital lesions healed without further treatment. This complication was most likely due to a coincidental viral hepatitis. Apart from this incident no other side effects were seen in the other patients.

Forty-five patients attended for follow-up examination; of these 43 did not show any evidence of recurrence. One patient, whose lesions recurred two months after treatment, may have been reinfected by his wife, who had not been treated. The remaining patient defaulted and the cause of recurrence could not be determined.

Discussion

All the 116 patients responded to treatment with co-trimoxazole; the majority (92) required treatment for

10-15 days. Only two of these patients had a recurrence of the disease about two months after treatment. Thus the drug is highly effective for the treatment of granuloma venereum.

Co-trimoxazole appears to be as effective as, if not more so than, streptomycin or tetracycline. It shares with streptomycin the advantage of not masking a concomitant early syphilitic infection.² Side effects of co-trimoxazole were negligible compared with those of streptomycin, which produces giddiness in about 16% of patients with the dosage used for this disease.³ Another advantage is that it is also effective against gonorrhoea⁴ and lymphogranuloma venereum,⁵ whereas streptomycin is not effective against either of these diseases. Lastly, ease of administration of the drug is another advantage over streptomycin, for which twice daily injections are required.

Co-trimoxazole can thus be considered to be the drug of choice for the treatment of granuloma venereum in a dose of two tablets twice daily for 10-15 days. Its higher cost compared with that of

streptomycin hinders its recommendation as the routine treatment for the disease.

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